



INDIANA OCCUPATIONAL THERAPY COMMITTEE SUPERVISION LETTER

INSTRUCTIONS: Applicants applying for a temporary permit to practice as a occupational therapist or occupational therapy assistant must have this supervision letter completed. The letter must be completed and have original signature by the certified Indiana occupational therapist who will be providing direct supervision. No fax copies are acceptable.

The supervising occupational therapist shall be reasonably available and responsible at all times for the direction and action of the person supervised when services are performed by the holder of a temporary permit. Unless the supervising occupational therapist is on the premises to provide constant supervision, the holder of the temporary permit shall meet once each working day to review all patients' treatments.

Complete, sign and return to the:

Indiana Health Professions Bureau
402 West Washington Street, Room W066
Indianapolis, Indiana 46204

APPLICANT INFORMATION

Name of applicant (last, first, middle, maiden)

Social Security number

HOSPITAL/FACILITY INFORMATION

Name of hospital/facility

Address

City, state, ZIP code

Telephone Number

TO BE COMPLETED BY SUPERVISOR

I hereby swear or affirm under the penalties of perjury that the applicant whose name appears above will be under my direct supervision while practicing occupational therapy. According to Indiana Code 25-23.5-5-11 (b) and 844 IAC 10-5-13, I understand that I shall be available and under all circumstances shall be absolutely responsible for the direction and the actions of the person supervised when services are performed. I also understand that the patient's care shall always be my responsibility.

Printed name of supervisor

Telephone number

Signature of supervisor

Dated signed (month, date, and year)

Certification number and expiration date

Date supervision to begin (month, date, and year)